

COMMENCEMENT ADDRESS

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(GREETINGS TO HOSTS, GUESTS)

I AM DELIGHTED TO BE HERE THIS AFTERNOON TO SHARE, FOR A FEW MINUTES, THAT WONDERFUL SENSE OF PRIDE AND ACCOMPLISHMENT THAT EACH OF YOU MUST BE FEELING ON THIS, THE FINAL DAY OF YOUR FORMAL SCHOOLING IN MEDICINE.

IT HAS BEEN MANY YEARS AND SEVERAL OTHER DEGREES SINCE I FIRST EARNED MY M.D. STILL, I REMEMBER THE UNIQUE GLOW I FELT ON BECOMING A DOCTOR OF MEDICINE. THERE'S NO OTHER FEELING LIKE IT. CONGRATULATIONS TO EACH OF YOU FOR REACHING THIS DAY AND ALSO FEELING THAT SPECIAL GLOW OF ACHIEVEMENT.

I GRADUATED FROM CORNELL EXACTLY 40 YEARS AGO THIS WEEK. I AM SURE WE HAD A MARVELOUS COMMENCEMENT SPEAKER AND IT WAS A VERY MOVING CEREMONY. EXCEPT FOR THAT PERSONAL GLOW I SPOKE OF A MOMENT AGO, I REMEMBER VERY LITTLE OF THAT EVENT. I DO RECALL, HOWEVER, WITH THE BENEFIT OF HINDSIGHT, THAT NO ONE CAME TO THE MICROPHONE TO TELL ME AND MY CLASSMATES SEVERAL THINGS WE OUGHT TO HAVE BEEN TOLD, AS WE EMBARKED ON OUR MEDICAL CAREER.

DURING THE PAST FOUR DECADES I'VE LEARNED SOME THINGS ABOUT THE SCIENCE OF MEDICINE. I'VE BEEN SOMETHING OF A SPECIALIST'S SPECIALIST IN PEDIATRIC SURGERY OVER THE PAST 35 YEARS. BUT --

AT THE RISK OF SOUNDING LIKE OLD MR. CHIPS -- I'D RATHER TALK ABOUT THE ART OF MEDICINE. IN THAT CONTEXT I THINK I CAN PASS ON TO YOU SOME OF THE THINGS I WISH I HAD BEEN TOLD ON THE DAY I SAT AS YOU DO NOW, EAGER TO JOIN THE COMPANY OF EDUCATED PHYSICIANS.

FIRST, LET ME BRIEFLY TOUCH ON FIVE PRINCIPLES THAT HAVE BECOME PART OF MY MANNER OF MEDICAL PRACTICE. I KIND OF STUMBLED ONTO THEM AS THE SITUATIONS AROSE, BUT THEY SERVED ME WELL AND I OFFER THEM IN THE HOPE THAT -- 40 YEARS FROM NOW -- YOU MAY REMEMBER SOMETHING OF REAL UTILITY THAT YOU PICKED UP AT THIS VERY EXCITING CEREMONY.

A GUIDING PRINCIPLE FOR ME IS THAT I HAVE ALWAYS TRIED TO MAKE THE PARENTS OF MY PATIENTS MY ALLIES. I REALLY WANT THEM TO STAND WITH ME AGAINST THE DISEASE THAT IS AFFECTING THEIR CHILD. I WANT THEM TO KNOW I AM READY TO SHARE BOTH THEIR TRIUMPH AND THEIR TRAGEDY, THAT WE'RE GOING INTO THIS THING NOT AS ADVERSARIES BUT AS PARTNERS.

TAKING THAT APPROACH, FOLLOWING THAT PRINCIPLE, HAS FORCED ME COMMUNICATE WITH THE PARENTS, TO LISTEN TO THEIR ANXIETIES, THEIR INFORMATION ABOUT THE PATIENT, THEIR CHILD, AND IT MAKES THEM LISTEN TO ME, TO UNDERSTAND WHAT IS AT STAKE, WHAT THE ODDS MIGHT BE, WHAT TO BE READY FOR. IF YOUR PATIENTS ARE NOT CHILDREN, AS MINE WERE, YOUR ALLIES, THEN, ARE THE PATIENTS THEMSELVES.

PEDIATRIC SURGERY CAN BE RATHER ESOTERIC AT TIMES, BUT IT NEVER PROVED TO BE AN INSURMOUNTABLE HURDLE TO GOOD COMMUNICATION. AND NOT TOO LONG AGO IT DAWNED ON ME THAT, AFTER 40 YEARS OF AN ACTIVE SURGICAL PRACTICE I HAVE NEVER HAD A PATIENT OR FAMILY OF A PATIENT PURSUE LITIGATION AGAINST ME. NEVER. I'M VERY PROUD OF THAT FACT AND I FIRMLY BELIEVE IT STEMS FROM THE SPECIAL RELATIONSHIPS I HAVE MADE AN EFFORT TO BUILD BETWEEN ME AND THE FAMILIES OF MY PATIENTS.

ESCAPING A LAWSUIT WAS NOT THE MOTIVATION. IT BECAME AN UNEXPECTED DIVIDEND. THERE ARE MANY OTHER DIVIDENDS AS WELL; NOT THE LEAST OF WHICH HAS BEEN THE PRIVILEGE OF SHARING WITH THE FAMILY THEIR DEEP JOY WHEN A PROCEDURE WAS SUCCESSFUL. I WOULD HOPE THAT EACH OF YOU WILL BE ABLE TO EXPERIENCE THAT SAME JOY -- AND FOR THE SAME REASON, BECAUSE YOU TOOK THE TIME AND THE CARE TO COMMUNICATE WITH THE PEOPLE YOU ARE TRYING TO HELP. THEY NEED IT. YOU MAY NEED IT MORE.

A SECOND PRINCIPLE IS TO BE READY FOR SURPRISE IN YOUR PRACTICE. TODAY, YOU MAY THINK YOU KNOW WHAT IT IS THAT GIVES YOU YOUR SENSE OF EXCITEMENT AS A PHYSICIAN. GOOD. HANG ON TO THAT. BUT DON'T STOP THERE. DON'T CLOSE YOURSELF OFF TO WHAT ELSE IS HAPPENING TO YOU.

SURGEONS LOVE TO OPERATE. AND THE MORE DIFFICULT THE OPERATION, THE GREATER THE CHALLENGE, THE MORE THEY WANT TO GO AHEAD AND DO IT AND DO IT SUCCESSFULLY. EVERY NOW AND THEN I HAVE HAD TO CARRY OUT AN ANASTOMOSIS ON AN ESOPHAGEAL ATRESIA IN A THREE-POUND BABY. IT'S LIKE SEWING TOGETHER THE ENDS OF TWO PIECES OF WET SPAGHETTI IN THE BOTTOM OF AN ICE CREAM CONE. I'VE DONE IT -- SUCCESSFULLY -- AND IT BRINGS WITH A GREAT DEAL OF PERSONAL AND PROFESSIONAL SATISFACTION. BUT THEN, I ALWAYS THOUGHT THAT KIND OF THING WOULD BE VERY SATISFYING TO ACCOMPLISH.

BUT OVER THE YEARS I'VE DISCOVERED THAT MY REAL SATISFACTION COMES FROM DIAGNOSING THE SPECIFIC POINT OF ANXIETY AMONG THE PARENTS OF THE PATIENT, FINDING OUT WHAT REALLY TROUBLES THEM ABOUT THE WHOLE EVENT, AND THEN WORKING TO ALLEVIATE THAT. I KNOW THAT MOST OF THE PROBLEM WILL BE RESOLVED IN THE O.R. ITSELF. BUT THERE ARE OTHER REASONS FOR ANXIETY AND I WANT TO DEAL WITH THEM AS WELL. IT'S AN IMMENSELY SATISFYING PART OF MY PRACTICE THAT I HADN'T BEEN TAUGHT -- BUT I HAVE COME TO VALUE VERY DEEPLY.

NEXT, I HAVE DISCOVERED THAT MONEY IS VERY, VERY IMPORTANT IN MEDICINE. NOT IN THE WAY YOU THINK. MONEY IN THE LONG RUN IS FAR MORE IMPORTANT TO YOUR PATIENTS THAN IT WILL BE TO YOU. PLEASE REMEMBER THAT, AS YOU EXPLAIN TO YOUR PATIENTS AND THEIR FAMILIES THE THINGS THEY WILL BE RESPONSIBLE FOR -- ESPECIALLY THINGS NOT COVERED BY INSURANCE. FOR EXAMPLE, THEY MAY NOT KNOW THERE WILL BE AN OPERATING ROOM CHARGE AND A SURGEON'S BILL AND A FEE FOR THE SERVICE OF THE ANESTHESIOLOGIST, TOO.

IT HAS BEEN MY LIFELONG EXPERIENCE THAT THE PERSON RECEIVING MEDICAL CARE IS LESS CONCERNED ABOUT COSTS PER SE THAN ABOUT THE FAIRNESS OF THOSE COSTS. AND PATIENTS DON'T WANT TO BE SURPRISED EITHER. THEY CANNOT SUDDENLY COME UP WITH SEVERAL ADDITIONAL HUNDREDS OR THOUSANDS OF DOLLARS. TAKE NOTE OF THIS AND INFORM YOUR PATIENTS AS CAREFULLY AS YOU CAN ABOUT THE ECONOMICS OF THE CARE THEY WILL RECEIVE AS YOU WILL TELL THEM ABOUT THE MEDICAL SIDE OF THEIR CARE.

A FOURTH PRINCIPLE IS REALLY A COROLLARY OF THE FIRST; LEARN VERY EARLY TO COMMUNICATE WELL NOT ONLY WITH YOUR PATIENTS BUT WITH YOUR MEDICAL AND PARAMEDICAL COLLEAGUES, ALSO. WHETHER YOU ARE RECEIVING OR DELIVERING CONSULTATION IN THE FORM OF A LAB REPORT OR AN OPINION OR WHATEVER; GIVE IT SOME TIME; MAKE SURE YOU UNDERSTAND -- AND ARE UNDERSTOOD. YOU AND YOUR PATIENTS WILL BENEFIT FROM FOLLOWING THIS PRINCIPLE.

AND FINALLY, INFORM YOUR PATIENTS ABOUT WHAT IS GOING ON. I DON'T BELIEVE YOU CAN TELL A PATIENT TOO MUCH. I AM ALWAYS DISCONCERTED BY MY COLLEAGUES WHO FIND THE LEGAL IMPERATIVE FOR INFORMED CONSENT TO BE RESTRICTIVE AND BURDENSOME. INFORMED CONSENT OUGHT NOT TO HAVE BECOME A LEGAL REQUIREMENT; IT SHOULD HAVE BEEN AND SHOULD BE AUTOMATICALLY A PART OF EVERY PHYSICIAN'S MODE OF PRACTICE. MAKE IT PART OF YOURS.

A DOZEN YEARS AGO, WHEN I TAUGHT A COURSE IN MEDICAL ETHICS, I USED TO START ONE OF MY LECTURES WITH THIS DICTUM: "INFORMED CONSENT IS THE HALLMARK OF THE CARING, INTELLIGENT PHYSICIAN." THE CONCEPT AT THAT TIME WAS STILL BEING DEBATED ON MEDICINE. FOR ME, THE DEBATE WAS OVER. AND IT SHOULD BE OVER FOR EACH OF YOU AS WELL. TELL YOUR PATIENTS WHAT IS HAPPENING. ASK THEM FOR THEIR HELP AND UNDERSTANDING. GAIN THEIR CONSENT NOT AS A LEGAL FORMALITY, BUT AS AN INTEGRAL PART OF YOUR PRACTICE.

NOW THAT YOU HAVE ACCESS TO DR. KOOP'S FIVE PRINCIPLES, LET ME EXPLORE WITH YOU FOR A BIT THE ENVIRONMENT IN WHICH YOU WILL BE EXERCISING THOSE PRINCIPLES'

YOU ARE ENTERING MEDICAL PRACTICE AT AN UNUSUAL TIME -- HISTORIANS MAY CALL THIS A UNIQUE MOMENT FOR US. GRADUATES OF RECENT YEARS HAVE BEEN PRACTICING IN AN ENVIRONMENT OPPRESSED BY INFLATION. THEY HAVE BEEN UNABLE TO HALT THE RISING COSTS OF TECHNOLOGY, OF THEIR OWN CONTINUING EDUCATION, OF THE RECORD SYSTEMS THEY REQUIRE, OF OFFICE SPACE, AND EVEN OF THE SIMPLEST SUPPLIES.

THE PRESIDENT HAS MADE THE FIGHT AGAINST INFLATION TO BE HIS TOP DOMESTIC PRIORITY. HIS VICTORY WILL BE A VICTORY FOR EVERY ONE OF US IN MEDICINE, AS WELL AS FOR OUR PATIENTS. IT WILL INCREASE OUR ABILITY TO DO WHAT WE WERE TRAINED TO DO -- TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE'

THIS IS AN IMPORTANT TIME FOR YOU IN OTHER WAYS, ALSO. MANY OF YOUR PREDECESSORS HAVE FELT THAT THE FEDERAL GOVERNMENT HAD BEEN INTRUDING TOO OFTEN AND IN TOO MANY WAYS IN THE PRACTICE OF MEDICINE. THEY HAVEN'T LIKE BEING REGULATED AND HAVE BEEN ANGERED BY THE FEDERAL INTERVENTIONS. BUT YOU ARE BEGINNING YOUR PRACTICE AT A TIME OF DE-REGULATION IN MEDICINE, WHEN THE FEDERAL GOVERNMENT IS REDUCING ITS LEVEL OF INTERVENTION AND TRANSFERRING AUTHORITIES AND RESOURCES TO THE STATES AND TO THE PRIVATE SECTOR -- TO YOU AND YOUR COLLEAGUES.

IF THE CONGRESS APPROVES THE PRESIDENT'S LEGISLATIVE AND BUDGETARY REQUESTS -- AND WE BELIEVE CONGRESS WILL -- THEN YOU WILL BE FREE OF MANY REGULATORY OBLIGATIONS. BUT YOU WILL NOT BE FREE OF ANY OF YOUR ETHICAL OBLIGATIONS. FOR EXAMPLE, THIS ADMINISTRATION PROPOSES THAT WE PHASE OUT OVER THE NEXT TWO YEARS ALL FEDERAL INVOLVEMENT IN PROFESSIONAL STANDARDS REVIEW AND IN HEALTH PLANNING. THAT DOES NOT MEAN THOSE ACTIVITIES WILL DISAPPEAR. QUITE THE CONTRARY.

WE BELIEVE THAT THE MEDICAL PROFESSION WILL ASSUME FULL RESPONSIBILITY FOR THE QUALITY OF CARE ITS MEMBERS DELIVER TO THEIR PATIENTS. THAT'S OUR ETHICAL RESPONSIBILITY AND YOU AND I MUST GRASP IT AS RIGHTFULLY OURS. SIMILARLY, WHERE HEALTH PLANNING IS PROVIDING THE COMMUNITY WITH A BETTER VISION OF WHAT HEALTH CARE OUGHT TO BE, THEN PHYSICIANS SHOULD BE ACTIVE IN

HELPING TO MAKE PLANNING WORK. THE PROFESSIONAL LIFE IS NOT ONE LONG FREE LUNCH. YOUR PREDECESSORS IN MEDICAL PRACTICE KNOW THIS AND HAVE STILL WORKED HARD TO HAVE THE RESPONSIBILITY MOVED IN THEIR DIRECTION. NOW YOU HAVE THE UNIQUE OPPORTUNITY OF COMING ALONG AT A TIME WHEN YOUR ENERGY, YOUR IDEAS, YOUR FRESH OUTLOOK WILL BE INVALUABLE TO MEDICINE AS IT TAKES BACK WHAT GOVERNMENT HAD ASSUMED TO DO. IT IS A PERSONAL CHALLENGE AND A PROFESSIONAL OBLIGATION TO EACH OF YOU. DON'T PASS IT BY.

BUT THERE IS ANOTHER ASPECT TO THIS TIME IN HUMAN HISTORY. I THINK PEOPLE -- ESPECIALLY YOUNG PEOPLE -- ARE TAKING A SECOND LOOK AT VALUES AND ARE TRYING TO BUILD THEIR LIVES AROUND THE VALUES THAT HOLD MEANING FOR THEM. MAYBE THERE IS A REVULSION AGAINST VIOLENCE -- NATION-TO-NATION, AS WELL AS PERSON-TO-PERSON -- THAT IS TAKING HOLD. IN ANY CASE, I THINK WE ARE REALLY BEGINNING TO CARE ABOUT EACH OTHER, OPENLY AND FREELY AND EVEN JOYFULLY.

THAT MAY BE THE REASON THAT A VERY SIMPLE WOMAN WAS FOUND IN ONE OF THE WORLD'S MOST CROWDED AND IMPOVERISHED CITIES AND GIVEN AN AWARD FOR HER HUMANITY. I HAD THE RARE PRIVILEGE OF SPENDING NEARLY TWO FULL DAYS WITH MOTHER TERESA DURING HER RECENT VISIT TO WASHINGTON. SHE VISITED SMALL GROUPS AND LARGE GROUPS AND WAS AT EASE WITH EVERYONE. BUT HER MESSAGE WAS

POWERFUL AND CAN BE SUMMED UP IN THESE FIVE WORDS: "DON'T BE AFRAID TO LOVE." IT CAN BE THE MOTTO OF YOUR GENERATION, AS IT OUGHT TO HAVE BEEN THE MOTTO FOR MINE.

THAT MOTTO WILL ENABLE YOU TO COME TO GRIPS WITH WHAT I BELIEVE MAY BE AMONG YOUR MOST IMPORTANT PERSONAL AND PROFESSIONAL CHALLENGES. I BELIEVE EVERY PHYSICIAN MUST DEVELOP A PHILOSOPHY, A WAY OF CARING ABOUT, TWO GROUPS IN OUR SOCIETY THAT NEED US AND WHOM WE NEED IN RETURN: THE DISABLED AND THE AGING.

THERE ARE MANY AMERICANS LIVING SATISFYING AND PRODUCTIVE LIVES WHO ARE ALSO DISABLED. THEY LIVE THAT WAY, IN MANY CASES, IN SPITE OF THE ATTITUDES OF SOCIETY THAT ARE BARRIERS TO ACCEPTANCE. PHYSICIANS HAVE A SPECIAL RESPONSIBILITY TO BE AWARE OF THESE BARRIERS -- IN THEIR OWN ATTITUDES AND IN THE ATTITUDES OF OTHERS, FRIENDS, COLLEAGUES, OR FAMILY -- AND TO CHANGE THEM.

THIS IS A CHALLENGE TO YOU PERSONALLY AND PROFESSIONALLY. WE ARE INCLINED TO FOCUS ON A PRIMARY DISABILITY, FOR EXAMPLE, THE CONDITION THAT IS PRESENTED TO US, AND WE DEAL WITH THAT EXCLUSIVELY. WE TEND TO NEGLECT SECONDARY DISABILITIES, OTHER POSSIBLE OUTCOMES THAT WILL COMPOUND THE LIFE PROBLEMS OF OUR PATIENT. SCOLIOSIS, AS AN ILLUSTRATION, CAN LEAD TO A SECOND DISABILITY: PULMONARY DYSFUNCTION. AND PULMONARY DYSFUNCTION CAN, IN TURN, LEAD TO CARDIOVASCULAR DISORDERS LATER IN LIFE. WE DARE NOT PIGEONHOLE OUR THINKING OR COMPARTMENTALIZE OUR PRACTICE FOR OUR OWN SAKES AND FOR THE SAKE OF OUR PATIENTS.

THIS HAPPENS TO BE THE INTERNATIONAL YEAR OF DISABLED PERSONS. WHEN PRESIDENT REAGAN PROCLAIMED THAT THE UNITED STATES WOULD ALSO OBSERVE THIS YEAR, HE SAID WE SHOULD SEEK AN ERA OF NATIONAL RENEWAL, "AN ERA THAT WILL SET LOOSE THE ENERGY AND INGENUITY OF THE AMERICAN PEOPLE." WE HAVE DONE THE SAME IN OTHER ASPECTS OF OUR NATIONAL LIFE -- IN SCIENCE, IN SPACE TECHNOLOGY, IN THE ARTS -- SURELY WE CAN DO NO LESS FOR 36 MILLION DISABLED AMERICANS WHO SHOULD HAVE THE OPPORTUNITY OF JOINING US IN LIVING FULL AND SATISFYING LIVES.

AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, WE ARE CARRYING OUT A NUMBER OF ACTIVITIES TO BENEFIT DISABLED AMERICANS. BUT GOVERNMENT CAN ONLY DO SO MUCH. THE REST IS UP TO US. I ASK EACH OF YOU TO PLEDGE YOUR OWN PERSONAL COMMITMENT TO CARING ABOUT THE DISABLED FOR THE REMAINDER OF THIS INTERNATIONAL YEAR -- AND BEYOND THAT, FOR THE REMAINDER OF YOUR LIVES.

IN A SIMILAR FASHION, I BELIEVE NOW IS THE TIME FOR ALL OF US IN MEDICINE TO RE-THINK OUR ATTITUDES ABOUT AGING. AS PHYSICIANS, WE ARE TRAINED TO PREVENT THE OCCURRENCE OF PREMATURE DEATH. WE DON'T WANT TO SEE PEOPLE DIE BEFORE THEIR TIME.' BUT WHAT IS THEIR TIME? WHAT IS THE QUALITY OF LIFE SUPPOSED TO BE IF YOU LIVE UNTIL YOUR TIME? WHAT IS THE QUALITY OF MEDICAL CARE FOR PEOPLE WHO ARE CLOSE TO THE END OF THEIR TIME, COMPARED TO PATIENTS WITH A LOT OF TIME LEFT?

EACH OF US HAS A REFLEXIVE ANSWER OF SOME KIND TO THESE QUESTIONS. BUT IT MAY NOT BE A GOOD ENOUGH ANSWER. YOUR REFLEXES MAY NOT BE RELIABLE, WHEN DEALING WITH ISSUES OF SUCH PROFOUND IMPORTANCE TO HOW YOU WILL LIVE AND PRACTICE -- AND HOW YOUR PATIENTS WILL LIVE AS WELL.

A MAN WHO REACHES THE AGE OF 65 NOW HAS A LIFE EXPECTANCY OF ANOTHER 12 YEARS. A WOMAN OF THE SAME AGE, 15 YEARS. WILL WE PROVIDE THEM ONLY WITH AS MUCH CURATIVE AND REPARATIVE CARE AS WE CAN, OR WILL WE PRACTICE PREVENTIVE MEDICINE AS WELL? WHAT ABOUT THE 65-YEAR-OLD PERSON WHO HAS SMOKED TWO PACKS OF CIGARETTES AS DAY -- AND THEN STOPS. THAT PERSON WILL SEE HIS OR HER PULMONARY FUNCTIONS RETURN TOWARD NORMAL. OF COURSE, IF THERE IS ALREADY THE BEGINNING OF A BRONCHOGENIC CARCINOMA, QUITTING CIGARETTES WILL NOT REVERSE THE SITUATION. WILL WE BE SENSITIVE ENOUGH TO ADVISE THAT 65-YEAR-OLD TO STOP SMOKING?

RECENT ADVANCES IN RESEARCH, IN SENILE DEMENTIA, FOR EXAMPLE, INDICATE THAT WE MAY BE ABLE TO HELP MANY MORE AGING PERSONS BE ALERT AND INDEPENDENT AND HAPPY FOR THEIR REMAINING YEARS. THAT RESEARCH IS THE SCIENCE SIDE OF MEDICINE. I GUESS I'M ASKING YOU TO PAY SOME ATTENTION TO THE ART OF MEDICINE AS WELL -- THE INTANGIBLES OF CARE THAT YOUR PATIENTS WILL FEEL POSSIBLY WITH MORE LASTING EFFECT THAN THE TANGIBLE SCIENCE YOU APPLY.

I'M ALSO ASKING YOU TO BREAK THROUGH YOUR CULTURAL BARRIERS, TO RECOGNIZE THAT, IN FACT, IT MAY BE THE PHYSICIAN WHO IS HANDICAPPED BY YEARS OF SOCIAL CONDITIONING. FOR IF WE HAVE DIFFICULTY COPING WITH THE ABLE-BODIED PERSON WHO IS AGING -- AND I BELIEVE WE DO -- THEN HOW WILL WE COPE WITH THE DISABLED PERSON WHO IS ALSO AGING, THANKS TO OUR OWN IMPROVED SCIENCE AND MEDICINE?

THE ANSWER IS....WE PROBABLY CAN'T, GIVEN WHAT WE HAVE BEEN TAUGHT SO FAR. BUT OUR MEDICAL EDUCATION ISN'T OVER AT CEREMONIES LIKE THIS. IT CONTINUES. AND I HOPE THAT EACH GRADUATE TODAY GRASPS THE DEPTH OF THE CHALLENGES IN THE YEARS AHEAD, CHALLENGES THAT MAY OCCUPY MOST OF YOUR PRACTICE. THERE IS NO AGE AT WHICH A PATIENT BECOMES UNINTERESTING TO A PHYSICIAN. THE OATH WE TAKE, THE PROFESSIONAL AND COLLEGIAL PROMISES WE MAKE DENY THAT. EVERY PATIENT NEEDS OUR BEST CARE, OUR BEST THINKING, OUR HIGHEST HUMAN INSTINCTS. AND IF A PATIENT IS OLD AND DISABLED, POSSIBLY HAVING MULTIPLE DISABILITIES, OUR BASIC DECENCY AND HUMANITY MUST OVERCOME OUR DEFICIENCIES IN TRAINING AND EDUCATION AND ACCULTURATION.

LOOKING AHEAD....FACING THESE EXTRAORDINARY AND EXCITING CHALLENGES....MOVING WITH AND NOT AGAINST HUMAN HISTORY....THAT HAS ALWAYS BEEN THE ULTIMATE REWARD OF MEDICAL PRACTICE FOR ME, AS I HOPE IT WILL BE FOR EACH OF YOU.

LAST YEAR ONE OF MY RESIDENTS AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA TACKED THIS STREAMER ONTO THE BULLETIN BOARD. IT SAID:

"DOCTORS CAN'T BE EXPECTED TO TAKE CARE OF ALL SOCIETY'S TROUBLES."

I AGREE. AND I THINK SOCIETY AGREES EVEN MORE VIGOROUSLY. BUT WE MUST NOT LOSE SIGHT OF THOSE ILLS IN SOCIETY WHICH DO LEND THEMSELVES TO MEDICAL CORRECTION. THEY ARE OUR TROUBLES. WHAT WE MUST GUARD AGAINST IS SOCIETY'S REQUEST NOW AND THEN TO HAVE MEDICAL DOCTORS STEP IN AND RESOLVE A SOCIAL ISSUE. THAT'S NOT OUR DEPARTMENT.

BUT A DEDICATION TO HEALTHFUL LIFE IS VERY MUCH OUR DEPARTMENT. A DEDICATION TO LONG LIFE, LIFE WITHOUT DISABILITIES OR HANDICAPS, LIFE THAT IS INDEPENDENT AND OPTIMISTIC -- THAT'S OUR DEPARTMENT.

JOHN RUSKIN SAID IT VERY SUCCINCTLY -- ESPECIALLY FOR PHYSICIANS -- WHEN HE WROTE, "THERE IS NO WEALTH BUT LIFE." I SUBMIT THAT PHYSICIANS BUILD THEIR PATIENTS' TREASURE WHEN THEY PRACTICE MEDICINE FOR QUALITY OF LIVING -- FOR ALL THE LIVING ONE ONE CAN HAVE. THAT IS LIFE. THAT IS WEALTH. THAT IS VERY GOOD MEDICINE.

I CONGRATULATE YOU ON COMING THIS FAR AND I WISH YOU WELL AS YOU PURSUE YOUR GOALS IN THE ART AND SCIENCE OF MEDICINE.

THANK YOU.

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